

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/069961

FLING DATE

APPLICANT(S)

		CLAIMS					
		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DER.	IND.	DER.	IND.	DER.
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50							
TOTAL IND.	5						
TOTAL DER.	6						
TOTAL CLAIMS	11						
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TOTAL IND.							
TOTAL DER.							
TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS